## CONFLICT OF INTEREST STATEMENT

## American Association of Hip and Knee Surgeons (Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

The following form must be filled out completely and submitted by each author (example, 6 aut	hors, 6 forms).
All items require a response. If there is no relevant disclosure for a given item, enter "None."	

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1.	Royalties from a company or supplier (The following conflicts were disclosed)
	None
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	None
3A.	Paid employee for a company or supplier (The following conflicts were disclosed)
	None
3B.	Paid consultant for a company or supplier (The following conflicts were disclosed)
	None
3C.	Unpaid consultants for a company or supplier (The following conflicts were disclosed)
4.	None Stock or stock options in a company or supplier (The following conflicts were disclosed)
	None
5.	Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)
	None
6.	Other financial or material support from a company or supplier (The following conflicts were disclosed)
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8.	Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)
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Each a	uthor must sign AND print or type his/her name, date and submit a separate form
In addi	tion, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all

author disclosures.

Jacob Hesson
Author Name (Print or Type)